COMBINED DECLARATION AND POWER OF ATTORNEY

ATTORNEY DOCKET NO

As a below named inventor, I/we hereby declare that:

My/our residence, post office address and citizenship are as stated below next to my/our name. I/we believe I am/we are the original, first and sole/joint inventor/s of the subject matter which is claimed and for which a patent is sought on the invention entitled

SUBSTITUTED QUINAZOLINES AS ANTIVIRAL AGENTS, ESPECIALLY AGAINST CYTOMEGALOVIRUSES

the specification of which is attached hereto,

or was filed on October 25, 2003

as a PCT Application Serial No. PCT/EP2003/011880

I/we hereby state that I/we have reviewed and understand the contents of the above-identified specification, including the claims.

I/we acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56.

I/we hereby claim priority benefits under Title 35, United States Code, \$119 and \$119(e)(1) of any foreign and/or U.S. provisional application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

102 51 914.5 (Number)

Germany (Country)

November 8, 2002 (Month/Day/Year Filed)

I/we hereby claim the benefit under Title 35, United States Code, \$120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, \$112, I/we acknowledge the duty to disclose the material information as defined in Title 37, Code of Federal Regulations, \$1.56 which occured between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.)	(Filing Date)	(Status)	
		(patented, pending, abandoned)	
(Application Serial No.)	(Filing Date)	(Status)	
		(patented, pending, abandoned)	

I/we hereby declare that all statements made herein of my/our own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Le A 36 437-US

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Jeffrey M. Greenman, Reg.No. 26,552
Tilman Breitenstein, Limited Recognition under 37 C.F.R. § 11.9(b)
Jerrie L. Chiu, Reg. No. 41,670
William F. Gray, Reg. No. 31,018
Susan M. Pellegrino, Reg. No. 48,972
Barbara A. Shimei, Reg. No. 29,862

Address all written correspondence to Customer No. 35969 Mr. Jeffrey M. Greenman		Direct Telephone Calls To:	
Bayer Pharmaceuticals Corporation		(203)812-3964(Jerrie L. Chiu)	
400 Morgan Lane		,	,
West Haven, Connecticut 06516			
FULL NAME OF SOLE OR FIRST INVENTOR	INVENTOR'S SIGNATUR	F O	DATE
Tobias Wunberg	ALMARIA S		DATE
RESIDENCE	1 Vanos	CITIZENSHIP	<u>;</u>
D 42699 Solingen, Germany		German	
POST OFFICE ADDRESS			
c/o Bayer HealthCare AG, D 51368 Leverku	isen, Germany		
FULL NAME OF SECOND INVENTOR	INVENTOR'S SIGNATUR	Ε ,	DATE
Judith Baumeister 2-00	The Delle	26/	BOX 63-14
RESIDENCE		CITIZENSHIP	7
D 42277 Wuppertal, Germany DEX		German	
POST OFFICE ADDRESS		<u> </u>	
c/o Bayer HealthCare AG, D 51368 Leverku	ısen, Germany_		
FULL NAME OF THIRD INVENTOR	INVENTOR'S SIGNATUR	E	DATE
Mario Jeske 3-00	M. Jak		2005-03-22
RESIDENCE	' /	CITIZENSHIP	
D 42699 <u>Solingen</u> , Germany DEX		German	
POST OFFICE ADDRESS			
c/o Bayer HealthCare AG, D 51368 Lever	kusen, Germany		
FULL NAME OF FOURTH INVENTOR	INVENTOR'S SIGNATUR	E	DATE
Susanne Nikolic 4-00	\mathcal{N}	Mil.	01.05.2005
RESIDENCE		CITIZENSHIP	
D 40789 Monheim, Germany		German	
POST OFFICE ADDRESS	***************************************		
Knipprather Str. 14, D 40789 Monheim, Ge	ermany		
FULL NAME OF FIFTH INVENTOR	INVENTOR'S SIGNATUR	Entra	DATE 2005-03-18
Frank Süßmeier 500		of the same of the	5002-02-18
RESIDENCE		CITIZENSHIP	
D 42275 Wuppertal, Germany DEX		German	
POST OFFICE ADDRESS			
c/o Bayer HealthCare AG, D 51368 Leverk	usen, Germany	.	
FULL NAME OF SIXTH INVENTOR	INVENTOR S SIGNATUR		DATE
Holger Zimmermann 6-00	Muc	altuciay	P005-03-15
RESIDENCE	7	CITIZENSHIP	
D 42113 Wuppertal, Germany		German	
POST OFFICE ADDRESS			
c/o Bayer HealthCare AG, D 51368 Leverk	usen, Germany		
FULL NAME OF SEVENTH INVENTOR	INVENTOR'S SIGNATUR	E	DATE
Rolf Grosser '/-W	I KUKE (AND	NRI	205-03-17
RESIDENCE	1 2/1	CITIZENSHIP	
D 51373 Leverkusen, Germany DEX	1 1	German	
POST OFFICE ADDRESS			
c/o Bayer HealthCare AG, D 51368 Leverk	usen. Germany		

1.0 0.0			
OULL NAME OF EIGHTH INVENTOR	INVENTOR'S SIGNATURE	·	DATE
Kerstii Heillinger 0	Working H	chier high	2005-04-15
RESIDENCE 95 115711	•	CITIZENSHI	
D 42115 Wuppertal, Germany D		German	
POST OFFICE ADDRESS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
c/o Bayer HealthCare AG, D 51368 Leverk	cusen, Fermany /	11	
FULL NAME OF NINTH INVENTOR	INVENTOR'S SIGNATURE	///-	DATE
Guy Hewlett 400	I TO IN MUNDE	X A	2005-05-10
RESIDENCE	- Cuy - Con-C	CITIZENSHIP	1
D 42327 Wuppertal, Germany	' ()	British	
POST OFFICE ADDRESS		DITCISH	
	C =		1
Krutscheider Weg 96, D 42327 Wuppertal,			
Jörg Keldenich	INVENTOR'S SIGNATURE	1	DATE
	- of ville	Min de	12005-03-14
RESIDENCE	· / / /	CITIZENSHIP	
D 42113 Wuppertal, Germany	l U	German	
POST OFFICE ADDRESS	, ,		
c/o Bayer HealthCare AG, D 51368 Leverk	usen, Germany		į
FULL NAME OF ELEVENTH INVENTOR	INVENTOR'S SIGNATURE	•	DATE
Dieter Lang 11-00	Dieles Pa		DATE ₹3.3.05
RESIDENCE	1 0	CITYZENSHIP	1 40 100
D 42553 Velbert, Germany DEX		German	
		German	
POST OFFICE ADDRESS			
c/o Bayer HealthCare AG, D 51368 Leverk	usen, Germany		
FULL NAME OF TWELFTH INVENTOR	INVENTOR'S SIGNATURE		DATE
Tse-I Lin 2-00	TRANKET LYV	7	30 50 5
RESIDENCE		CITIZENSHIP	
BE 2800 Mechelen, Belgium	•	Chinese	
POST OFFICE ADDRESS			
Hoog Straat 31, BE 2800 Mechelen, Belgi	11M		
FULL NAME OF THIRTEENTH INVENTOR	INVENTOR'S SIGNATURE		DATE
TODA WIND OF THIRIDDNIN INVENTOR	INVENTOR 5 SIGNATURE		
RESIDENCE		CITIZENSHIP	
RESIDENCE		CITIZENSHIP	į
		<u></u>	
POST OFFICE ADDRESS			
FULL NAME OF FOURTHEENTH INVENTOR	INVENTOR'S SIGNATURE		DATE
RESIDENCE		CITIZENSHIP	}
,			
POST OFFICE ADDRESS		······································	
, ,			
FULL NAME OF FIFTEENTH INVENTOR	INVENTOR'S SIGNATURE		DATE
TODA MINE OF THE PERMIT INVENTOR	INVENTOR 5 SIGNATURE		DATE
DECEMBER		T	
RESIDENCE		CITIZENSHIP	
,			
POST OFFICE ADDRESS			1
, ,			
FULL NAME OF SIXTEENTH INVENTOR	INVENTOR'S SIGNATURE		DATE
RESIDENCE		CITIZENSHIP	
		011102000111	
POST OFFICE ADDRESS		-I	
, ,			 -
FULL NAME OF SEVENTEENTH INVENTOR	INVENTOR'S SIGNATURE		DATE
RESIDENCE		CITIZENSHIP	
,			
POST OFFICE ADDRESS			
, ,			

Le A 36 437-US

BEST AVAILABLE COPY

